



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DAVID L BRUCE MD
102 E MAIN
ALICE TX 78332

Respondent Name

Texas Mutual Insurance

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-0899-01

MFDR Date Received

November 17, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The enclosed has been submitted twice, the second for reconsideration, and we still have not received payment for the first visit."

Amount in Dispute: \$150.31

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute. The requestor billed CPT code 99203 to Texas Mutual for new patient E&M services on 2/15/11. Texas Mutual paid the requestor for this. Then on 5/3/11 the requestor billed Texas Mutual code 99203 a second time for E&M services on that date. In Texas Mutual's view of the world a new patient is a new patient only once within a 90 day period. This has been communicated to the requestor through the EOBs. The requestor also billed for phlebotomy services for 5/3/11 as well. There is no documentation in the DWC-60 or with the original billing showing that such services were done by the requestor in his office."

Response Submitted by: Texas Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 3 – 5, 2011	Professional Services	\$150.31	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
- CAC – 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.
 - 225 – THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
 - 459 – THIS PROVIDER HAS ALREADY BILLED AND BEEN REIMBURSED FOR AN INITIAL OFFICE VISIT
 - 890 – DENIED PER AMA CPT CODES DESCRIPTION FOR LEVEL OF SERVICE AND/OR NATURE OF PRESENTING PROBLEMS
 - CAC – 150 – PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE
 - CAC – 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY

Issues

1. Are the services in dispute payable?
2. Was procedure code 99195 documented?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.20(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding: billing: correct coding initiatives (CCI) edits; modifiers:... and other payment policies in effect on the date a service is provided...” The medical bill for the service in dispute included CPT code 99203. The American Medical Association (AMA) CPT code description for 99203 is “Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; a detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.”

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History
 - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. No documentation found, thus this component not met.
 - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found no listed systems, this component was not met.
 - Past Family, and/or Social History (PFSH) requires at least one specific item from any three history areas to be documented. No documentation found. This component was not met.
- Documentation of a Detailed Examination:
 - Requires at least six organ systems to be documented, with at least two elements per listed system. The documentation found no listed body/organ systems. This component was not met.

Counseling and/or coordination of care: Time component not met.

The division concludes that the documentation does not sufficiently support the level of service billed.

2. The American Medical Association (AMA) CPT code description for 99195 as Phlebotomy, therapeutic (separate procedure). The health care provider draws blood from the patient to right dramatically imbalanced blood levels (i.e., hemoglobin, potassium salts). The procedure is similar to drawing blood from a donor, but a number of pints may be taken to reduce the imbalance. Blood removal is performed under a physician's direction. Review of the submitted documentation finds no record to support service as billed
3. The services in dispute were not supported by submitted medical records. Therefore, no additional reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	December , 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.